

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
NOV 22 2017
Bayfield Co. Zoning Dept.

Permit #:	17-0471
Date:	11-29-17
Amount Paid:	\$75 11-20-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

OWNER'S NAME: <u>James C Ellerson</u>		MAILING ADDRESS: <u>3431 Cummings Av Eau Claire, WI</u>		CITY/STATE/ZIP: <u>54701</u>		TELEPHONE: <u>715-834-9495</u>	
ADDRESS OF PROPERTY: <u>5325 Kelly Lake Rd</u>		CITY/STATE/ZIP: <u>Barnes, WI</u>		CITY/STATE/ZIP: <u>Eau Claire, WI</u>		CELL PHONE: <u>715-497-8359</u>	
CONTRACTOR: <u>Northwood Industries Inc</u>		CONTRACTOR PHONE: <u>800619471</u>		PLUMBER: <u>None needed</u>		PLUMBER PHONE: _____	
AUTHORIZED AGENT: (Person Signing Application on behalf of Owner(s))		AGENT PHONE: _____		AGENT MAILING ADDRESS (include City/State/Zip):		WRITTEN AUTHORIZATION ATTACHED <input type="checkbox"/> Yes <input type="checkbox"/> No	
PROJECT LOCATION	Legal Description: (Use Tax Statement)	Tax ID#	Vol & Page		Recorded Document: (i.e. Property Ownership)		
<u>1/4, 1/4</u>	Gov't Lot <u>2</u> Lots <u>2</u> CSM <u>2/119</u>	<u>2848</u>	<u>1040042450926</u>		<u>333</u>		<u>332</u>
Section <u>26</u> , Township <u>45</u> N, Range <u>9</u> W	Town of: <u>Barnes</u>	Lot Size	Acreage				
		<u>595x150</u>	<u>2.05</u>				

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?	Distance Structure is from Shoreline: <u>275</u> feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: <u>275</u> feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material <u>\$8,000</u>	Project	# of Stories	Foundation	# of bedrooms in structure	What Type of Sewer/Sanitary System Is on the property?	Type of Water on property
	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>C</u>	
	<input checked="" type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> 1 Story	<u>on ground</u>	<u>0</u>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
			<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet		

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>24 5+</u>	Width: <u>12 5+</u>	Height: <u>10 5+</u>
Proposed Construction:	Length: _____	Width: _____	Height: _____

Proposed Use	✓	Proposed Structure			Dimensions	Square Footage
		Principal Structure (first structure on property)				
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)			(<input type="checkbox"/> X)	
	<input type="checkbox"/>	with Loft			(<input type="checkbox"/> X)	
<input checked="" type="checkbox"/> Residential Use		with a Porch			(<input type="checkbox"/> X)	
		with (2nd) Porch			(<input type="checkbox"/> X)	
		with a Deck			(<input type="checkbox"/> X)	
		with (2nd) Deck			(<input type="checkbox"/> X)	
<input type="checkbox"/> Commercial Use		with Attached Garage			(<input type="checkbox"/> X)	
	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, <u>or</u> <input type="checkbox"/> sleeping quarters, <u>or</u> <input type="checkbox"/> cooking & food prep facilities)			(<input type="checkbox"/> X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____			(<input type="checkbox"/> X)	
	<input type="checkbox"/>	Addition/Alteration (specify) _____			(<input type="checkbox"/> X)	
	<input checked="" type="checkbox"/>	Accessory Building (specify) <u>Pre manufactured garage</u>			(<input type="checkbox"/> 12 x 24)	<u>288 sq ft</u>
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____			(<input type="checkbox"/> X)	
	<input type="checkbox"/>	Special Use: (explain) _____			(<input type="checkbox"/> X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____			(<input type="checkbox"/> X)	
	<input type="checkbox"/>	Other: (explain) _____			(<input type="checkbox"/> X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

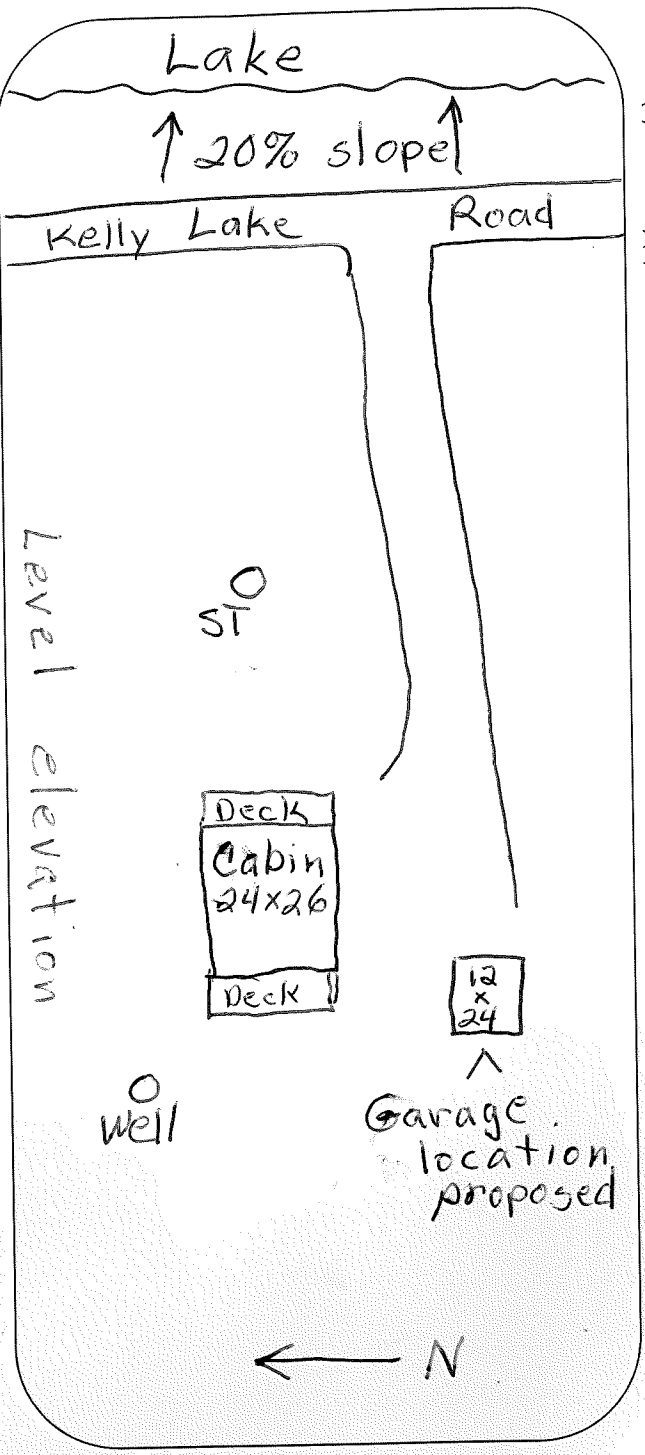
Owner(s): James C Ellerson Elaine M Ellerson Date 11/20/17
(if there are multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit _____
If you recently purchased the property send your Recorded Deed

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	150 Feet	Setback from the Lake (ordinary high-water mark)	275 Feet
Setback from the Established Right-of-Way	135 Feet	Setback from the River, Stream, Creek	165 Feet
Setback from the North lot line	108 Feet	Setback from the Bank or Bluff	
Setback from the South lot line	30 Feet	Setback from Wetland	
Setback from the West lot line	275 Feet	20% Slope Area on the property	X Yes <input type="checkbox"/> No
Setback from the East lot line	275 Feet	Elevation of Floodplain	40 Feet
Setback to Septic Tank or Holding Tank	97 Feet	Setback to Well	60 Feet
Setback to Drain Field	76 Feet		
Setback to Privy (Portable, Composting)			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:		# of bedrooms:		Sanitary Date:							
Permit Denied (Date):		Reason for Denial:											
Permit #: <u>17-0471</u>		Permit Date: <u>11-29-17</u>											
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)		<input checked="" type="checkbox"/> No		Mitigation Required		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Affidavit Required		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))		<input checked="" type="checkbox"/> No									
Is Structure Non-Conforming		<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No									
Granted by Variance (B.O.A.)		Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Previously Granted by Variance (B.O.A.)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:			
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Inspection Record:													
Date of Inspection: <u>11/28/17</u>		Inspected by: <u>Stake</u>											
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)													
Signature of Inspector: <u>Stake</u>												Date of Approval: <u>11/29/17</u>	
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>				Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>					

Condition: No accessory building shall be used for human habitation / sleeping purposes without necessary county and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.

on, City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0471** Issued To: **James & Elaine Ellenson**

Location: - ¼ of - ¼ Section **26** Township **45** N. Range **9** W. Town of **Barnes**

Gov't Lot Lot **1 V.2 P.119** Block Subdivision CSM#

For: **Residential Accessory Structure: [1- Story; Garage (12' x 24') = 288 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): No accessory building shall be used for human habitation / sleeping purposes without necessary County and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

November 29, 2017

Date